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# Surveillance Systems

# Reporting Diseases and Conditions in Missouri

## Why Report Diseases

The accurate identification and timely reporting of disease and environmental health conditions is an integral part of successful disease control that enables the health department to provide epidemiological follow up or disease intervention without delay.

- Reporting is required by state law (Rule 19 CSR 20-20.020 and 19 CSR 20.20.080) (provider and laboratory based).
- Reporting assists in identifying contacts who may be infected or other individuals at risk of infection.
- Failure to report or slow reporting may allow the disease to spread, which may require additional resources for intervention.
- Case reports are used to determine the incidence and prevalence of disease in a specific area of the state and statewide.
- Reporting enables the Health Department to provide aggregate data on possible risk factors associated with diseases.
  - ❖ This data helps physicians evaluate illnesses in their patients and community.
  - ❖ This data assists the public to make better decisions regarding their own health and lifestyle.
  - ❖ This data enables public health agencies to target and implement prevention and control measures and evaluate effectiveness.
  - ❖ This data permits public health agencies to justify the acquisition of funds, plan for resource allocation, implement initiatives and evaluate their activities.

## Who Must Report

**Physicians (19 CSR 20-20.020) Section 4**

"A physician, physician's assistant, nurse, hospital, clinic, or other private or public institution providing diagnostic testing, screening or care to any person with any disease, condition or finding listed in sections (1)-(3) of this rule, or who is suspected of having any of these diseases, conditions or findings shall make a case report to the local health authority or the Department of Health, or cause a case report to be made by their designee, within the specified time.

**Laboratories (19 CSR 20-20.080) Section 1**

"The director or person in charge of any laboratory shall report to the local health authority or the Missouri Department of Health the result of any test that is positive for, or suggestive of, any disease listed in 19 CSR 20-20.020. These reports shall be made according to the time and manner specified for each disease or condition following completion of the test and shall designate the test performed, the results of the test, the name and address of the attending physician, the name of the disease or condition diagnosed or suspected, the date the test results were obtained, the name and home address (with zip code) of the patient and the patient's age, date of birth, sex and race.

## Reportable Diseases

By Missouri Department of Health and Senior Services Regulation (19 CSR 20-20.020) the following diseases are required to be reported:

### Category I Diseases or Findings*

**(A) Diseases, findings or agents that occur naturally or from accidental exposure:**

Animal (mammal) bite wound, humans
Diphtheria
*Haemophilus influenzae*, invasive disease
Hantavirus pulmonary syndrome
Hepatitis A
Hyperthermia
Hypothermia
Influenza, suspected nosocomial outbreaks and public or private school closures
Lead (blood) level >45µg/dl in any person <72 months of age
Measles (rubeola)
Meningococcal disease, invasive
Outbreaks or epidemics of any illness, disease or condition that may be of public health concern
Pertussis
Poliomyelitis
Rabies, animal or human
Rubella, including congenital syndrome
*Staphylococcus aureus*, vancomycin resistant
*Streptococcus pneumoniae*, invasive in children < 5 (five) years of age
Syphilis, including congenital syphilis
Tuberculosis disease
Typhoid fever

**(B) Diseases, findings or agents that occur naturally or that might result from a terrorist attack involving biological, radiological or chemical weapons:**

Adult respiratory distress syndrome (ARDS) in patients < 50 (fifty) years of age (without a contributing medical history)
Anthrax
Botulism
Brucellosis

Cholera
Encephalitis/meningitis, Venezuelan equine
Glanders
Hemorrhagic fever (e.g., dengue, yellow fever)
Plague
Q fever
Ricin
Smallpox (variola)
Staphylococcal enterotoxin B
T-2 mycotoxins
Tularemia

**(C) Diseases, findings or adverse reactions that occur as a result of inoculation to prevent smallpox, including but not limited to the following:**

Accidental administration
Accidental implantation (inadvertent autoinoculation)
Bacterial infection at the site of inoculation
Congenital vaccinia
Contact vaccinia (i.e., vaccinia virus infection in a contact of a smallpox vaccinee)
Eczema vaccinatum
Erythema multiforme
Generalized vaccinia
Post-vaccinial encephalitis
Progressive vaccinia (vaccinia necrosum, vaccinia gangrenosa, disseminated vaccinia)
Vaccinia keratitis

***Reportable within twenty-four (24) hours of first knowledge or suspicion by telephone, facsimile or other rapid communication**

**Category II diseases or findings†**

Acquired immunodeficiency syndrome (AIDS)
Arsenic poisoning
Blastomycosis
California serogroup viral encephalitis/meningitis
Campylobacter infections
Carbon monoxide poisoning
Chancroid

Chemical poisoning, acute as defined in the most current ATSDR CERCLA Priority List of Hazardous Substances; if terrorism is suspected refer to subsection (B)
*Chlamydia trachomatis*, infections
Coccidioidomycosis
Creutzfeldt-Jakob disease
Cryptosporidiosis
Cyclosporidiosis
Eastern equine viral encephalitis/meningitis
Ehrlichiosis, human granulocytic or monocytic or other/unspecified agent
*Escherichia coli* O157:H7
*Escherichia coli*, shiga toxin positive, serogroup non-O157:H7
Giardiasis
Gonorrhea
Hansen disease (leprosy)
Heavy metal poisoning including, but not limited to cadmium and mercury
Hemolytic uremic syndrome (HUS) post-diarrheal
Hepatitis B, acute
Hepatitis B surface antigen (prenatal HBsAg) in pregnant women
Hepatitis C
Hepatitis non-A, non-B, non-C
Human immunodeficiency virus (HIV):

- HIV infection as indicated by:
  1. HIV antibody testing (reactive screening test followed by a positive confirmatory test)
  2. HIV antigen testing (reactive screening test followed by a positive confirmatory test)
  3. detection of HIV nucleic acid (RNA or DNA)
  4. HIV viral culture
  5. Other testing that indicates HIV infection
- HIV exposed newborn infant (i.e., newborn infant whose mother is HIV positive)
- HIV test results (including both positive and negative results) for children < 2 (two) years of age whose mothers are HIV positive
- HIV viral load measurement (including non detectable results)
- CD4+ T cell count

Influenza, laboratory confirmed
Lead (blood) level <45µg/dl in any person <72 months of age and any lead (blood) level in persons >72 months of age
Legionellosis
Leptospirosis
*Listeria monocytogenes*

Lyme disease
Malaria
Methemoglobinemia
Mumps
Mycobacterial disease other than tuberculosis (MOTT)
Nosocomial outbreaks
Occupational lung diseases including silicosis, asbestosis, byssinosis, farmer's lung and toxic organic dust syndrome
Pesticide poisoning
Powassan viral encephalitis/meningitis
Psittacosis
Respiratory diseases triggered by environmental contaminants including environmentally or occupationally induced asthma and bronchitis
Rocky Mountain spotted fever
Saint Louis viral encephalitis/meningitis
Salmonellosis
Shigellosis
Streptococcal disease, invasive Group A
*Streptococcus pneumoniae*, drug resistant invasive disease
Tetanus
Toxic shock syndrome, staphylococcal or streptococcal
Trichinosis
Tuberculosis infection (results of positive testing)
Varicella deaths
West Nile fever
West Nile viral encephalitis/meningitis
Western equine viral encephalitis/meningitis
*Yersinia enterocolitica*

**†Reportable within three (3) days of first knowledge or suspicion**

## What and How to Report

### What to Report

A case report submitted in accordance with 19 CSR 20-20.020 shall include the following information:

- Patient's name
- Home address with zip code
- Date of birth
- Age
- Sex
- Race
- Home phone number
- Disease name
- Condition or finding diagnosed or suspected
- Illness onset date
- Name and address of the treating facility (if any)
- Name and address of the attending physician
- Any appropriate laboratory results
- Name and address of the reporter
- Treatment information for sexually transmitted diseases
- Date of report

### How to Report

Physicians and laboratories shall contact (by phone, fax or lab slip) or complete the Disease Case Report, commonly referred to as a CD-1 (can be found in the appendix), and send to the Local Public Health Agency (LPHA) when they have information on a reportable condition. The LPHA staff will ensure a CD-1 is completed and entered into MOHSIS, the database for communicable disease surveillance information.

To report outbreaks, a CD-51 (see appendix) shall be completed and forwarded to the Disease Investigation Unit in Jefferson City. The form should include preliminary information that will be finalized at the completion of the investigation with a follow-up CD-51.

Additionally, all reporters (physicians, laboratories, LPHAs, MDHSS Communicable Disease Investigation staff, etc.) may contact the MDHSS Office of Surveillance (OOS) to report a disease or condition. Contact information is as follows:

**Missouri Department of Health and Senior Services**
**Office of Surveillance**
**930 Wildwood**
**Jefferson City, Missouri 65109**
**Phone: (800) 392-0272**
**Fax: (573) 751-6417**

**Health Insurance Portability and Accountability Act of 1996 (HIPAA) Standards for Privacy of Individually Identifiable Health Information Confidentiality Measures**

***HIPAA*** *(The Health Insurance Portability and Accountability Act of 1996) was developed to address the efficiency and effectiveness of the health care system in the United States. Within HIPAA, the Administrative Simplification rules are a set of regulations that establish standards and protections for health care systems. Currently, only the rules for three provisions of the Administrative Simplification portion of HIPAA have been published. The first one is the "Standards for Electronic Health Information Transactions" with an effective date of October 16, 2003 for large plans, if they filed an extension. The second is the "Privacy of Health Information" with an effective date of April 14, 2003. The third is the "National Employer Identifier" with an effective date of July 30, 2004 for large plans. Additional provisions will be published in the Federal Register over the coming months.*

Although it does place many limits on the sharing of protected health information, the Privacy Rule allows for the existing practice of sharing protected health information with public health authorities that are authorized by law to collect or receive such information to aid them in their mission of protecting the health of the public.

In Missouri, there are a number of disclosures that health care providers are required by law to make. These mandatory disclosures are not changed by HIPAA. For example, hospitals/physicians must share information with the Missouri Department of Health and Senior Services (DHSS) for: communicable, environmental and occupational disease reporting (19 CSR 20-20.020); epidemiological studies (§192.067, RSMo); information about infant metabolic and genetic screenings (§191.331, RSMo); and information about quality of care and access to care (§192.068, RSMo). These are only a few of the mandatory disclosures that health care providers are required to make.

**The information gathered from these required disclosures is still confidential**. There are corresponding confidentiality requirements for these disclosures. §192.067, RSMo, requires that DHSS maintain confidentiality of information gathered from patients' medical records. This information can be released *only* in aggregate form that prevents the identification of a patient or physician, unless that information is being shared with another public health authority. §192.317 protects the information DHSS gains about infant metabolic and genetic screenings. Quality of care data is also not classified as public information, and cannot be released in a way that identifies any patient. (*See* §192.068, RSMo.)

## Confidentiality Measures

### Code of Conduct

Contractors working with data reported to DHSS employees shall be considered as employees with respect to the DHSS confidentiality policies. All information that identifies or can be used to readily identify individuals shall be considered confidential. All employees shall follow the DHSS policies for sharing of confidential information. Information specifically covered by the federal Standard for Privacy of Individually Identifiable Health Information (45 CFR 160 and 164) shall be determined and employees with responsibilities requiring access to the information identified. These employees shall attend expanded training and comply with DHSS policies relating to the federal laws.

### Employees

As a DHSS employee, I agree to be knowledgeable of and comply with DHSS confidentiality policies.

Specifically I agree to:

- ✓ Assure the confidentiality and security of all information by limiting access to those having an official need in order to perform their duties;
- ✓ Restrict disclosure of confidential information to other agencies or individuals outside of DHSS. Disclosures shall be made in accordance with DHSS policies governing disclosures;
- ✓ Participate in training, as needed, on the federal Privacy law;
- ✓ Make appropriate staff aware of potential DHSS confidentiality policy violations; and
- ✓ Sign an annual statement affirming agreement to comply with DHSS confidentiality policies.

### Contractors

As a DHSS contractor, I agree to maintain strict confidentiality of all information that identifies or can be readily used to identify individuals that I have been provided access to by the DHSS or obtained as a result of contract activities. I understand there are potential legal penalties for breaches of confidentiality or unauthorized destruction of confidential information/records. I understand that the contracting agency assumes liability for all disclosures of confidential information by the contractor and/or the contractor's employee.

Confidentiality of patient records should be your highest priority. All information should be kept strictly confidential as mandated by state statute. Records should be kept in a secured, appropriately locked area with access limited to authorized personnel only.

Insurance companies, other corporations, groups or private citizens should be denied requests for information on any individual reported disease. Contact MDHSS' Office of Surveillance if subpoenaed for confidential information under RSMo 191.677 or other statutes or rules prior to release of any information.

# Policy for Surveillance Systems (Passive, Active, Sentinel)

## I. Definition

The World Health Organization defines surveillance as:

- **Systematic measurement of health and environmental parameters, recording, and transmission of data.**
- **Comparison and interpretation of data in order to detect possible changes in the health and environmental status of populations.**

## II. Purpose

Disease surveillance systems are used primarily to detect changes in trends or distribution of diseases in order to effectively investigate, prevent, and control diseases in the community. It is information for action.

## III. Structure

The Missouri Department of Health and Senior Services maintains three distinct and separate types of surveillance systems for the reporting of communicable diseases and environmental conditions: the passive surveillance system, the active surveillance system and the sentinel surveillance system.

## IV. Passive Surveillance System

A. Passive surveillance is a provider-initiated disease reporting method of data collection. Health care providers, as well as laboratories, day care centers, camps, schools, etc. send reports to the health department based upon a known set of rules or regulations.

B. 19 CSR 20-20.020, Reporting Communicable, Environmental and Occupational Diseases, defines the diseases, conditions, and findings that shall be reported, the time frame and manner of reporting, and who is required to report. The rule requires reporting of suspect as well as confirmed cases, outbreaks, and epidemics. Required reporters include physicians, physician assistants, nurses, hospitals, clinics, and other private or public institutions providing diagnostic testing, screening or care to any person with or suspected to have a disease, condition or finding listed in 19 CSR 20-20.020. Required reporters also include any person in charge of a public or private school, summer camp, or day care facility. The rule also specifies that local health authorities, in turn, shall forward reports to the Department of Health and Senior Services within twenty-four hours after being received.

In addition, 19 CSR 20-20.080, Duties of Laboratories, requires the Director or the person in charge of any laboratory to report to the local health authority or the Department of Health and Senior Services the result of any test that is positive for, or suggestive of, any disease listed in 19 CSR 20-20.020.

C. A case report submitted in accordance with 19 CSR 20-20.020 shall include the following information: the patient's name, home address with zip code, date of birth, age, sex, race, home phone number, name of the disease, condition or finding diagnosed or suspected, the date of onset of the illness, name and address of the treating facility (if any) and the attending physician, any appropriate laboratory results, name and address of the reporter, treatment information for sexually transmitted diseases, and the date of report.

D. Passive Surveillance Forms:
   1. Missouri Department of Health Disease Case Report (CD-1).
   2. Missouri Department of Health Laboratory Test Report for Communicable Diseases (CD-1L).

## V. Active Surveillance System

Active surveillance occurs when select reporters are contacted at regular intervals and specifically asked about the occurrence of the diseases under surveillance or for purposes of assessing the occurrence of disease(s) in a community/geographic area.

The number and types of active surveillance sites are determined by the Local Public Health Agency on an individual basis, by assessing their population, key assets and strategic significance. Other criteria to be considered when selecting a site includes the number of sites necessary to capture a good representation of disease occurrence in the community and the facility's willingness to participate. For example, a Local Agency would be better served with a small facility that enthusiastically and consistently participates as an active surveillance site, rather than a larger facility that participates only intermittently, because it provides them with more accurate, reliable and timely data.

Potential active surveillance sites include, but are not limited to: schools; WIC clinics; physician offices/practices; long-term care facilities; clinics (e.g., rural health clinics, federally qualified health centers, large physician practices); businesses; hospitals; child care centers.

The Local Public Health Agency will contact their sites each week to determine any areas of concern and help resolve them. These calls can be logged in using the Active Surveillance LPHA Site Contact Log or another form or format of their choosing as long as the same data is collected. If incidents or concerns are revealed that have a possible impact on public health, the

Local Public Health Agency determines and takes the appropriate next step(s). Actions taken regarding incidents or concerns are to be noted on the Contact Log form.

## VI. Sentinel Surveillance System

### Introduction

Since the events of September 11, 2001, the threat of biological, chemical and radiological terrorism has become real and Missouri was one of the first to respond to this threat. The Department of Health and Senior Services (DHSS) immediately assumed the responsibility to protect the citizens of Missouri from the possible devastating impact of these threats by putting into place an early detection syndromic surveillance system for biological, chemical and radiological terrorism. As a result, Missouri was the first to provide statewide Biological, Chemical and Nuclear Terrorism Surveillance and, with DHSS' continuous evaluation and refinement, develop a comprehensive statewide surveillance system.

### Goal

An active early warning sentinel surveillance system provides "real-time", consistent, reliable data.

### Biological, Chemical, Nuclear Terrorism Surveillance Method

1. Collect comprehensive, timely surveillance information with the capability of moving to heightened surveillance "high alert" when suspicious or negative trends are revealed. These trends may be identified through using measures of importance on the data collected and an inclusive look at any and all information collected in concurrent public health database systems on agents or symptoms related to terrorism.

2. Sentinel sites have catchment areas that include communities that see heavy tourism, areas surrounding military installations, major utilities, large population centers, or areas otherwise strategically significant to allow early detection of both natural and man-made public health threats in time to minimize their impact and save lives.

3. Sentinel surveillance is department initiated. Site participation is voluntary and the number and type of sites needed are selected annually by DHSS to allow for the most strategic and comprehensive coverage across the state. These sentinel sites gather daily information on a set of syndromes and other pertinent information using the guidance provided by statue 19 CSR 20-20.020, which they submit to the Office of Surveillance for daily tabulation to establish trends for monitoring purposes and to detect and initiate timely response to

biological, chemical or nuclear terrorism events as well as public health threats (West Nile Virus, SARS, etc).

A. The data collected from sentinel surveillance sites is either entered by the sites into the Sentinel Surveillance database using web based data entry or is transmitted from the sites to the Office of Surveillance data entry staff in Central Office where it is then entered into the database.

B. Surveillance sites collect and submit the requested data every day that the site is open. To avoid lumping data together they submit one day's worth of data on one form.

C. Daily analysis is run on all sentinel site data to detect aberrations and trends. If an explanation for an aberration is not provided on the submitted information, sites are contacted the same day by OoS staff to determine the cause of the aberration and to rule out a possible terrorist event.

D. The Office of Surveillance will collaborate with the Section For Communicable Disease Prevention Communicable Disease Investigation Unit, Regional Health Office and the LPHA to provide epidemiological intervention on all diseases and flagged concerns as needed.

E. Dissemination of information is the most important part of surveillance. The Office of Surveillance generates a feedback report for the sentinel surveillance sites (and the LPHA in that jurisdiction) along with a monthly statewide report which is available on the web at http://www.dhss.state.mo.us/oos/.

4. Web based data entry will allow sentinel surveillance reporters as well as new intermittent reporters such as coroners, veterinarians and pharmacists to report unusual cases, unusually high numbers in usual cases and any of the possible terrorism agents (Anthrax, Botulism, Tularemia, Pneumonic Plague, Smallpox, etc.) using an abbreviated and individualized form available through the web based data entry.

**Surveillance Tools**

1. Individualized Forms for Web Based Data Entry (hospitals, physician's offices, coroners, veterinarians, schools, etc.); these are under development
2. Cheat Sheet (for the Forms)
3. Instructions for completing and submitting the Forms

**NOTE: For medical care providers, this form does not replace their legal obligations for reporting diseases and conditions under 19 CSR 20-20.020.**

**Bio-Terrorism Surveillance**
**LPHA Site Contact Log**

**County Submitting Report:_____** **Month_____ Year_____**

| Site Contacted | Type of Site | Type of Contact | Date of Contact | Person(s) Spoken to at Site | Areas of Concern Discussed | Resolutions | Comments | Name of Person Initiating Contact |
|---|---|---|---|---|---|---|---|---|
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
OFFICE OF SURVEILLANCE

**HIGH ALERT SURVEILLANCE SYSTEM (HASS FORM 1, "THE ONE DAY, ONE FORM")**

| REPORTING SITE NAME: | SITE CONTACT: | | DATE OF INCIDENT: | | DATE SUBMITTED: |
|---|---|---|---|---|---|
| ADDRESS: | CITY: | COUNTY: | ZIP CODE: | PHONE NUMBER: | |

If you have any questions about how to fill out this form or about the definitions of the various syndromes or variables, please call the Missouri Department of Health and Senior Services at (800) 392-0272 or fax (573) 751-6417. For all other questions, please call your local public health agency.

| SYNDROMIC CATEGORIES | TOTALS |
|---|---|
| **Influenza-like Illness**<br>Malaise, headache, fever, cough and sore throat, in the absence of known cause. | |
| **Hemorrhagic Disease**<br>Bleeding from skin or mucus membrane surfaces or reddish or purplish spots or discolorations on the skin or mucus membrane surfaces. | |
| **Gastrointestinal Illness**<br>Diarrhea, vomiting, abdominal pain or cramps, with or without fever. | |
| **Neurologic Illness**<br>Headache, sensitivity to light, confusion, convulsions, double/blurred vision, drooping eyelid(s), muscle twitching, difficulty talking/swallowing, weakness or paralysis. | |
| **Rash Illness**<br>Rashes with or without fever (including chicken pox, exanthema, dermatitis, erythema). | |
| **Fever Illness**<br>Fever of unknown origin (such as acute febrile illness, viral syndrome, sepsis, suspect infection). | |
| **Respiratory Illness (Other than influenza-like illnesses)**<br>Cough, sore throat, trouble breathing, pneumonia and other respiratory conditions, with or without fever. Please do not enter influenza-like illness here. | |
| **Chemical Exposure**<br>Chemical exposure differs from the others in that the suspect agent is not biological and onset is sudden (within 60 minutes, often within 15 minutes or less). List any chemicals or other agents that may have been involved in the reported exposure/s in the notes section at the bottom of this form. | |

## NON-SYNDROMIC DATA

| | |
|---|---|
| School/Workplace Absenteeism | |
| Total ER Visits | |
| Total Urgent Care/Clinic Visits | |
| Total Hospital Admissions | |
| Deaths | |

**Other Information, Suspected Outbreaks, Unusual or Nonspecific Cases:**

| | Date Received | |
|---|---|---|
| | By LPHA | By DHSS |
| | | |

***If there is an emergency public health threat or you suspect a bio-terrorism event, IMMEDIATELY call the Center for Emergency Response Terrorism, at 1-800-392-0272 (24 hour a day / 7 days a week), your Local Public Health Agency and the Missouri Department of Health and Senior Services.**

**GENERAL INSTRUCTIONS FOR**
**HIGH ALERT SURVEILLANCE SYSTEM (HASS)**
**REPORTING**

**If there is an emergency public health threat or you suspect a bio-terrorism event, IMMEDIATELY call the Center for Emergency Response Terrorism (CERT) at 1-800-392-0272 (24 hours a day / 7 days a week), your Local Public Health Agency (LPHA) and the Department of Health and Senior Services (DHSS).**

**NOTE FOR MEDICAL CARE PROVIDERS**: Submitting the HASS Form 1 does not relieve you of your legal obligation for reporting diseases and conditions under 19 CSR 20-20.020.

- Collect surveillance data and complete a Form 1 daily.
- All HASS data must be submitted on the HASS Form 1.
- **All information on the Form 1 must be completely legible or it cannot be entered.**
- Remember to use a separate form for **each** day. **A Form 1 that contains data from multiple days cannot be used in the HASS system.**
- Submit the Form 1s to your LPHA via email or fax at least three times each week.
- Notify your LPHA and /or the DHSS, Office of Surveillance of any changes in the following information for your agency:

  Email address
  Telephone number
  Street address
  Contact person

- **Chemical Exposures:** When reporting chemical exposures, list the chemical the patient was exposed to if known (if not known state "chemical unknown") in the field "Other Information, Suspected Outbreaks, Unusual or Nonspecific Cases" at the bottom of the Form 1.
- **To decrease the number of telephone calls you receive from the DHSS, Office of Surveillance (OoS) for clarification of elevated rates:** Write brief reason/ explanations at the bottom of the Form 1, in the field "Other Information, Suspected Outbreaks, Unusual or Nonspecific Cases."

  **Some examples of reasons or explanations:**

  ER Visits:
  - Holiday weekend. Doctors' office's closed
  - Moving vehicle accident
  - Nothing unusual – busy day

  Deaths:
  - Heart attack, cancer and old age

  Neurologic:
  - Headache – no pattern

  Absenteeism:
  - Deer season
  - Vacation

# COMPLETING THE FORM 1

## Site Information

**PLEASE BE SURE ALL INFORMATION ON THE FORM 1 IS LEGIBLE.**

- **Reporting Site Name and Address:** The name and mailing address of your agency.
- **Site Contact:** The first and last name of the person completing the Form 1.
- **Date Of Incident:** The date the patient(s) presented to your agency.

**Remember, "ONE DAY, ONE FORM"**

- **Date Submitted:** The date the Form 1 is submitted to the LPHA or the DHSS.
- **Phone Number:** The telephone number of the HASS contact at your agency.

## Syndromic Information

**Refer to the HASS "Cheat Sheet" for the Do's and Don'ts of HASS Reporting.**

- **Syndromic categories:** For each syndromic category, under the "Total" column, record the number of patients seen with the symptoms or syndromes.
- **Fever Illness:** Remember a fever is a "Body temperature of 37.8 degrees C or > 100 degrees F **orally**, or 38.2 degrees C or 100.8 degrees **rectally**."

## Non-Syndromic Information

**PLEASE BE SURE ALL INFORMATION ON THE FORM 1 IS LEGIBLE.**

**Complete only the sections that pertain to your agency (i.e. schools, day care centers and nursing homes would not complete hospital or emergency room visit information.)**

- **School/ Workplace Absenteeism:** The number of students or employees absent due to illness. SCHOOLS ONLY NEED TO REPORT DATA ON STUDENT ABSENTEEISM.
- **Total ER Visits:** The total number of emergency room visits during the 24-hour reporting period.
- **Total Urgent Care or Clinic Visits:** The total number of visits to the urgent care center or clinic/s for that day.
- **Total Hospital Admissions:** The number of persons admitted to the hospital during the 24-hour reporting period.
- **Deaths:** The number of deaths during the 24-hour reporting period.

- **Other Information, Suspected Outbreaks, Unusual or Nonspecific Cases:** Any other relevant or descriptive information regarding reported data. This may include but is not limited to:

    - Chemical agent involved in chemical exposures.

    - Descriptive name of suspected outbreak(s) and unusual or nonspecific cases and the count of individuals involved.

    - Unusual or nonspecific cases that do not fit any of our predefined categories.

- **Date Received:**
    - By LPHA: enter date received by LPHA (for use by LPHA only).
    - By DHSS: for use by DHSS only.

For questions regarding the Form 1 or the HASS program, please call your LPHA or the Department of Health and Senior Services, Office of Surveillance, at 1-800-392-0272.

***Remember - <u>If there is an emergency public health threat or you suspect a bio-terrorism event, IMMEDIATELY call the Center for Emergency Response Terrorism (CERT) at 1-800-392-0272 (24 hours a day / 7 days a week), your Local Public Health Agency (LPHA) and the Department of Health and Senior Services (DHSS).</u>**

**HASS Form One**
**Instructional Sheet**

## Chemical:

1. Do **NOT** report:

   Drug overdoses

   Household chemical exposures

   Voluntary chemical ingestions

2. **DO** report:

***ALWAYS LIST THE CHEMICAL (IF KNOWN) INVOLVED FOR EVERY CHEMICAL EXPOSURE REPORTED***

Occupational or work related chemical exposures
For example: Industrial, agricultural or commercial chemical spill or exposure.

Community acquired chemical exposures
For example: A truck transporting chemicals is involved in an accident.

For example: A manufacturing facility has a chemical spill or release that affects the people in the surrounding community.

When a patient presents with an obvious chemical exposure, but the chemical agent and/or exposure is unknown.

## Hemorrhagic:

1. Do **NOT** report:

   Hemorrhoids

   Nosebleeds

   STDs (e.g. HSV)

   Miscarriages

   Vaginal/rectal bleeding

   Bruises or bleeding resulting from falls or physical trauma

2. **DO** report:

   Unexplained bleeding from the orifices (e.g. eyes, ears, etc.)

   Unexplained reddish or purplish spots/lesions on the skin or mucous membrane surfaces

**HASS Form One**
**Instructional Sheet**

**Neurological:**

1. Do **NOT** report when:

   Symptoms are heat or cold weather related (e.g. heat exhaustion, hypothermia)

   Source or cause of neurological symptoms is known
   Chronic illness (e.g. migraines, Alzheimer's)
   Psychiatric or mental illness (e.g. Bipolar disorder, Depression, Schizophrenia)

2. **DO** report when:

   The cause of symptoms is unknown

   A particular disease is suspected, **especially if there is a known outbreak occurring** (e.g. West Nile Virus, Encephalitis, etc.)

   Seeing an elevation in the number of people presenting with similar neurological symptoms

   ANY and ALL unusual or nonspecific cases

**Rash:**

1. Do **NOT** report:

   Heat rash

   Scabies

   STDs

   Sun poisoning

   Poison ivy or poison oak

2. **DO** report:

   Chickenpox

   Any unusual or nonspecific cases

   Pustules

   Smallpox

   Measles